

Case Number:	CM14-0017273		
Date Assigned:	04/14/2014	Date of Injury:	11/04/2006
Decision Date:	05/30/2014	UR Denial Date:	02/04/2014
Priority:	Standard	Application Received:	02/11/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine, and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The case involves a 54 year-old female with a 11/4/06 industrial injury claim. She has been diagnosed with pain in the bilateral knees and ankles, severe osteoarthritis in the left knee, neck pain, thoracic pain, disorder of sacrum, and long term use of medications. According to the 11/26/13 pain management report from [REDACTED], the patient presents with bilateral knee and ankle pain. She rates it at 9/10 without medications. With Norco, the pain drops to 3/10. She takes 1-2 Norcoper day as needed, and over the counter Advil. [REDACTED] would like to have the patient attend a functional restoration program.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

INITIAL EVALUATION FOR FUNTIONAL REHABILITATION PROGRAM: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 30-32.

Decision rationale: The California MTUS has specific criteria for eligibility for a functional restoration program; all criteria must be met. One of the criteria is that previous methods of

treating chronic pain have to have been unsuccessful, and there should be an absence of other options likely to result in significant clinical improvement. It appears that the patient is having excellent results with low dose Norco, as it drops her pain from 9/10 to 3/10 with 1-2 tablets a day as needed. Another requirement is that the patient should have a significant loss of ability to function independently as a result of chronic pain. There is no indication that the patient has lost the ability of function independently. Still another requirement is that the patient should not be a candidate for surgery or other treatments; the medical records state that the patient is a candidate for additional surgery. The patient has not met three of the criteria for a functional restoration program, and all must be met for the program to be recommended. As such, the request is not medically necessary.